

Application Data Sheet**Application Information**

Application number::
Filing Date:: 1/26/05
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: Compositions Comprising Muscle Progenitor Cells and Uses Thereof
Attorney Docket Number:: 50304/030001
Request of Early Publication?:: No
Request of Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 7
Small Entity?:: Yes
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Cosimo

Middle Name::

Family Name:: DE BARI

Name Suffix::

City of Residence:: Kent

State or Province of Residence::

Country of Residence:: United Kingdom

Street of mailing address:: 18 Ethelbert Close

City of mailing address:: Kent

State or Province of mailing address::

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: BR1 1JB

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Frank
Middle Name::
Family Name:: LUYTEN
Name Suffix::
City of Residence:: Kraainem
State or Province of Residence::
Country of Residence:: Belgium
Street of mailing address:: Baron d'Huartlaan 193
City of mailing address:: Kraainem
State or Province of mailing address::
Country of mailing address:: Belgium
Postal or Zip Code of mailing address:: B-1950

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Francesco
Middle Name::
Family Name:: DELL'ACCIO
Name Suffix::
City of Residence:: Kent
State or Province of Residence::
Country of Residence:: United Kingdom
Street of mailing address:: 18 Ethelbert Close

City of mailing address:: Kent
State or Province of mailing address::
Country of mailing address:: United Kindom
Postal or Zip Code of mailing address:: BR1 1JB

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/EP03/009008	7/30/2003
PCT/EP03/009008 An application claiming the benefit under 35 USC 119(e)		60/399,745	7/30/2002

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignee Information

Assignee name::
Street of mailing address::
City of mailing address::
State of Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::